PTO/SB/81 (04-05)

Approved for use through 11/30/2005, OMB 0651-0025
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Its a collection of information unless it displays a valid OMB control number

Under the Paperwork Reduction Act of 1985, no persons an

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

| The state of the s | Contraction of the Contraction o |
|--|--|
| Application Number | |
| Filing Date | 2.7.1 |
| First Named Inventor | Sang Min KIM |
| Title | An Enteric Sustained-Release Tablet Comprising Paroxetine |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | |

| I hereby revoke all previous powers of attorney given in the above-identified application. | | | | | | | |
|---|---|--|--|--|--|--|--|
| I hereby appoint: | | | | | | | |
| ☑ Practitioners associated with the Customer Number: | | 30256 | | | | | |
| OR ☐ Practitioner(s) r | amed below: | | | | | | |
| | Name Registration Number | | | | | | |
| | | | | | | | |
| | <u> </u> | | | | | | |
| | | | | | | | |
| | *************************************** | | ······ | | | | |
| L | | . Service and the service of the ser | and at all becale and to this I falled Otation | | | | |
| Patent and Tradema | s) or agent(s) to prosecute the application ark Office connected therewith. | regioned above, and to tran | 29Ct su onzweze in the other ordrez | | | | |
| Please recognize | or change the correspondence address fo | r the above-identified applica | tion to: | | | | |
| The address a | ssociated with the above-mentioned Cust | tomer Number | | | | | |
| OR | 30000000 | | | | | | |
| ☐ The address a | ssociated with Customer Number: | | | | | | |
| OR | | | | | | | |
| ☐ Firm or Individual Name | | | | | | | |
| Address | | | | | | | |
| | | | | | | | |
| City | | State | ZIP | | | | |
| Country | | | | | | | |
| Telephone | | Eneli | | | | | |
| I am the: | | | | | | | |
| | ntor | | | | | | |
| Assignee of re | cord of the entire interest. See 37 CFR 3 | 71. | | | | | |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTC/SB/96) | | | | | | | |
| | SIGNATURE of Application | ant or Assignee of Record | | | | | |
| Signature | 122 Saug-Min | Date | 7. AUG. 2006. | | | | |
| Name | Sang Min KIM | Telephone (+ |)82-31-730-7250 | | | | |
| Title and Company Senior researcher, GL PharmTech Corp. | | | | | | | |
| NOTE: Signatures of all the inventors or essignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | |
| | | | | | | | |

LOS 1016 OF 2 TOTHS 8TE SUBSTITUES.
This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including galforing, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the including one any comments on the amount of time you require to complete this form and/or suggestions for reclaiming the burden, should be sent to the fine information Officer, U.S. Palent and Trademisk Office. U.S. Capathesis of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patentis, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completion the form local 3-800-PTO-9199 and select bottom 2.

PTO/SS/81 (94-05)
Approved for use through 11/30/2005, DMS 9681-0035
U.S. Patent and Tradsmark Office; U.S. DEFARTMENT OF COMMERCE
I to a collection of information unless it displays a valid OMB control number

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Under the Paperwork Reduction Act of 1995, no persons a

| | THE OTHER PROPERTY OF THE PROP |
|------------------------|--|
| Application Number | |
| Filing Date | |
| First Named Inventor | Sang Min KIM |
| Title | An Enteric Sustained-Release Tablet Comprising Paroxetine |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | |

| I hereby revoke all previous powers of attorney given in the above-identified application. | | | | | | | |
|--|--|---------------|---------------------|----------------|------|--|--|
| I hereby appoint: Solve Practitioners associated with the Customer Number: OR | | 3025 | 30256 | | | | |
| Practitioner(s) n | emed below: | | | | ~• | | |
| | Name | Reg | Registration Number | | | | |
| | | | | | | | |
| | | | | | | | |
| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. | | | | | | | |
| Please recognize or change the correspondence address for the above-identified application to: | | | | | | | |
| The address a | ssociated with the above-mentioned Cus | stemer Number | | | | | |
| OR The address associated with Customer Number: | | | | | | | |
| OR | | | | | | | |
| Firm or Individual Name | ne | | | | | | |
| Address | | | | | | | |
| City | | State | State ZIP | | | | |
| Country | | | | | | | |
| Telephone | | Email | | | | | |
| I am the: | | | | | | | |
| | ntor. | | | | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | |
| Signature | Woo Heon ho | nf | Date | 1. AUG | roof | | |
| Name | Woo Heen SONG | Teleph | one (+) | 82-31-730-7250 | | | |
| Title and Company | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more finan one signature is required, see below. | | | | | | | |

This collection of information is required by 37 CFR 131 and 133. The information is required to notion or rotate at benefit by the public which is to the (and by the USPTO to process) an application, Confidentiality is governed by 35 U.S. C. 122 and 37 CFR 1.11 and 1.14. The collection is estimated to take 3 minutes in complete, including gathering, preparing, and submitting the completed application form to the USPTO. There will vary depending upon the individual case. Any committee on the amount of time you require complete the form the time and for suggestations for reducing this tundent, should be sent to the Chief Information Officer. U.S. Patient and Trademark. Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patenta, P.O. Box 1450, Alexandria, VA 22313-1450.